

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

L. Mike Rodriguez

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 725.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.

4. TOTAL POLITICAL EXPENDITURES

\$ 9394.56

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0.

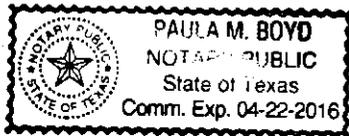
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1070.84

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



L. Mike Rodriguez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said L. Mike Rodriguez, this the 14 day of January, 20 15, to certify which, witness my hand and seal of office.

Paula M Boyd
Signature of officer administering oath

Paula M Boyd
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 1 | |
| 2 FILER NAME L. Mike Rodriguez | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/25/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John McNabb | 7 Amount of contribution (\$) \$100. | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 40106 Pinehurst Dr Austin, TX 78747 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) Military Officer/ Colonel (ret.) | | 10 Employer (See Instructions) USAF | |
| Date 10/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosemary Irwin | Amount of contribution (\$) \$25. | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2400 Pebble Beach Cv Austin, TX 78747 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| Date 10/27/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim & Wendy Fielding | Amount of contribution (\$) \$150. | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3013 Lynnbrook Dr Austin, TX 78748 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) Self | |
| Date 10/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryan King | Amount of contribution (\$) \$100. | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1809 Lightsey Rd Austin, TX 78704 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Broadcast journalist | | Employer (See Instructions) self | |
| Date 11/4/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. Clint Smith | Amount of contribution (\$) \$350. | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 11000 River Plantation Dr Austin, TX 78747 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Political Consultant | | Employer (See Instructions) HillCo Partners | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|---|---|
| 1 Total pages Schedule F: 2 | 2 FILER NAME L. Mike Rodriguez | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 10/26/2014 | 5 Payee name Abbey Printing | | |
| 6 Amount (\$) 200.28 | 7 Payee address; City; State; Zip Code 1310 S.Lamar Austin, TX 78704 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Campaign "push" cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 11/04/2014 | Payee name Tres Amigos | | |
| Amount (\$) \$184.33 | Payee address; City; State; Zip Code 1807 W. Slaughter Ln (Ste 750) Austin, TX 78748 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food & Beverage | Description (If travel outside of Texas, complete Schedule T) Election night watch party <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 10/29/2014 | Payee name PayPal | | |
| Amount (\$) \$3.20 | Payee address; City; State; Zip Code 221 N. 1st San Jose, CA 95131 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) On-line Donation processing <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 11/02/2014 | Payee name Facebook | | |
| Amount (\$) \$77.59 | Payee address; City; State; Zip Code Dept 415/ P.O. Box 10005 Palo Alto, CA 94303 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) Campaign site promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F: 2 of 2 | 2 FILER NAME L. "Mike" Rodriguez | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 12/31/2014 | 5 Payee name Luis M. Rodriguez | |
| 6 Amount (\$) 8,929.16 | 7 Payee address; City; State; Zip Code 10218 Braemar Dr Austin, TX 78747 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Loan Repayment/ Reimbursement | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

L. "MIKE" RODRIGUEZ

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


 Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder